October 1991

ATTACHMENT 4.22-C Page 1 OMB No.:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: HAWAII								
Citation		Condition or Requirement						
1906 of t	the A	Act			Cost Effe			
·	1.	insu is u (Kai rate prem	etermine cost rance premium sed as a stan pro) monthly is higher th ium, determin State to purc	s against ": dard to deto capitation : an the month e that it wo	fee for servi ermine Kaiser rate. If "fe hly health in ould be cost	ce" rate whice Project e for service surance effective for	e"	
		note	co-insuran administra	necessary to ce and deductive cost.	nthly group h to account fo ctible amount Add these cos a comparison	r the s and ts to the	nce 	
		EXAM	amounts by insurance pronthly radicovered amountated by administrates. If "is \$100, de	t for coinst multiplying payment rate te, to obtain ount. (This HCFA period tive cost (effective cost (effective the the the the the the the the the th	group health prance and de g average emp e, (e.g. 80%) in the employ s rate is sup dically). The e.g. \$5), for rice" monthly at it would be the group he	ductible loyer health , and add to er recognized plied and en add the a total of standard rat e cost	a e	
	bec		following case of typical high					
		b) c) d)	than \$100 per is covered by	an when heal o age 1 T when family r month and y Medicaid nosed with A	coverage expmore than one	pense is lesse family memb		
īn No. 9	9 2-7 s		Approval D	Pate 4/08/	92	Effective	Date	4/01/92
rn no.						HCFA ID:	7985E	

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